

MDR Tracking Number: M5-04-0899-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on November 24, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the manual traction, therapeutic exercises, hot/cold packs, office visits, office visits with manipulation, myofascial release, joint mobilization, electrical stimulation-unattended, requested reports, examination by a treating physician, supplies and materials, telephone calls by the physician to patient and temperature gradient studies were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatments listed above were not found to be medically necessary, reimbursement for dates of service from 12-04-02 to 07-11-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 27th day of February 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

February 25, 2004
Amended February 26, 2004

David Martinez

TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This patient was injured on the job when she fell on concrete and injured her low back, neck, left knee and shoulder. She initially began treatment with ___, about 1 week later and began chiropractic and PT treatments. MRI of the left shoulder indicated a possible tear of the supraspinatous. MRI of the left knee was normal. Lumbar MRI indicated disc herniations at L5/S1 and L4/5. She was recommended for arthroscopic surgery by a physiatrist, according to a statement by the treating doctor. Electrodiagnostic studies indicate that there was not a positive finding, but the studies are found to be incomplete. Extensive chiropractic care was reviewed by ___ as well as ___. Both reports indicate that the care rendered was excessive.

DISPUTED SERVICES

The carrier has denied the medical necessity of manual traction, therapeutic exercises, hot/cold packs, office visits, office visits with manipulation, myofascial release, joint mobilization, electrical stimulation-unattended, requested reports, examination by a treating physician, supplies and materials, telephone calls by the physician to a patient and temperature gradient studies.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

This case represents gross over-utilization of physical medicine services. The patient on this case was clearly not responding to the care rendered by the treating doctor.

While it cannot be denied that the treating doctor probably was trying to help this patient, the results that were being achieved by the treatment did not reflect the level of care demonstrated by the treating doctor. Clearly, this patient was truly in need of services not available to the treating chiropractor and this care was not effective in the treatment of these injuries, per the extensive records on this case. As a result, the care rendered is found to not be medically necessary or reasonable.

____ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ____ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ____, I certify that there is no known conflict between the reviewer, ____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

____ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,